



## Complete Summary

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### GUIDELINE TITLE

Mastalgia.

### BIBLIOGRAPHIC SOURCE(S)

Rosolowich V, Saettler E, Szuck B, Lea RH, Levesque P, Weisberg F, Graham J, McLeod L, Rosolowich V, Society of Obstetricians and Gynecologists of Canada (SOGC). Mastalgia. J Obstet Gynaecol Can 2006 Jan;28(1):49-57. [84 references]  
[PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Mastalgia (cyclical and non-cyclical breast pain)

### GUIDELINE CATEGORY

Counseling  
Management  
Treatment

### CLINICAL SPECIALTY

Family Practice  
Obstetrics and Gynecology

Oncology  
Psychiatry  
Psychology

## **INTENDED USERS**

Patients  
Physicians  
Psychologists/Non-physician Behavioral Health Clinicians

## **GUIDELINE OBJECTIVE(S)**

To review the current management of women with breast pain

## **TARGET POPULATION**

Women with mastalgia (cyclical and non-cyclical breast pain)

## **INTERVENTIONS AND PRACTICES CONSIDERED**

1. Patient education and reassurance
2. Use of a well-fitting support bra
3. Discontinuation or changes in dose, formation, or scheduling of hormone replacement therapy (HRT)
4. Flaxseed
5. Non-steroidal anti-inflammatory gel, such as diclofenac 2% in pluronic lethicin organogel (PLO)
6. Tamoxifen
7. Danazol

**Note:** The following interventions were discussed but not recommended: reduction in caffeine intake, vitamin E, evening primrose oil, mastectomy or partial mastectomy.

The following interventions were discussed, but no recommendation for or against was made: use of oral contraceptives, vitamin B6, low-fat diet, isoflavones, herbs such as ginseng and chasteberry, progesterone cream, and bromocriptine.

## **MAJOR OUTCOMES CONSIDERED**

- Effective and timely management of women with breast pain
- Quality of life

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

A literature search was performed to identify reports published in English between 1975 and July 2003 using MEDLINE and Cochrane Database of Systematic Reviews.

## **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Weighting According to a Rating Scheme (Scheme Given)

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

### **Level of Evidence\***

**I:** Evidence obtained from at least one properly designed randomized controlled trial.

**II-1:** Evidence from well-designed controlled trials without randomization.

**II-2:** Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group.

**II-3:** Evidence from comparisons between times or places with or without the intervention. Dramatic results from uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category.

**III:** Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

\*Adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

## **METHODS USED TO ANALYZE THE EVIDENCE**

Systematic Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

### **Classification of Recommendations\***

- A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- B. There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
- D. There is fair evidence to support the recommendation that the condition not be considered in a periodic health examination.
- E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

\*Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Comparison has been made with management protocols in the literature, but no clinical guidelines have been located. No formal clinical testing has taken place.

This guideline has been reviewed by the Breast Disease Committee and approved by the Executive and Council of the Society of Obstetricians and Gynecologists of Canada. This guideline has also been developed in collaboration with the Breast Health Centre, Winnipeg Regional Health Authority.

## **RECOMMENDATIONS**

### **MAJOR RECOMMENDATIONS**

The level of evidence (I-III) and classification of recommendations (A-E) are defined at the end of the "Major Recommendations" field.

#### **Mastalgia and Breast Cancer**

#### **Psychological Factors**

1. Education and reassurance is an integral part of the management of mastalgia and should be the first-line treatment. **(II-1 A)**

### **Well-Fitting Support Bra**

2. The use of a well-fitting bra that provides good support should be considered for the relief of cyclical and noncyclical mastalgia. **(II-3 B)**

### **Hormones**

#### **Hormone Replacement Therapy (HRT)**

3. A change in dose, formulation, or scheduling should be considered for women on HRT. HRT may be discontinued if appropriate. **(III C)**

### **Caffeine**

4. Women with breast pain should not be advised to reduce caffeine intake. **(1 E)**

### **Vitamins**

#### **Vitamin E**

5. Vitamin E should not be considered for the treatment of mastalgia. **(1 E)**

### **Fat**

#### **Evening Primrose Oil (EPO)**

6. There is presently insufficient evidence to recommend the use of EPO in the treatment of breast pain. **(II-2 C)**

### **Phytoestrogens**

#### **Flaxseed**

7. Flaxseed should be considered as a first-line treatment for cyclical mastalgia. **(I A)**

### **Medications**

#### **Topical Non-Steroidal Anti-inflammatory Drugs**

8. Topical, non-steroidal anti-inflammatory gel, such as diclofenac 2% in pluronic lethicin organogel (PLO), should be considered for pain control for localized treatment of mastalgia. **(I A)**

#### **Tamoxifen and Danazol**

9. Tamoxifen 10 mg daily or danazol 200 mg daily should be considered when first-line treatments are ineffective. **(I A)**

### **Mastectomy**

10. Mastectomy or partial mastectomy should not be considered an effective treatment for mastalgia. **(III E)**

### **Definitions:**

#### **Level of Evidence\***

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#### **Classification of Recommendations\*\***

- A. There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
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- C. There is poor evidence regarding the inclusion or exclusion of the condition in a periodic health examination.
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- E. There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

\*The quality of evidence reported in these guidelines has been adapted from the Evaluation of Evidence criteria described in the Canadian Task Force on the Periodic Health Exam.

\*\*Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on the Periodic Health Exam.

### **CLINICAL ALGORITHM(S)**

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Utilizing the information will increase knowledge, enabling a consistent approach, which will reduce the number of ineffective interventions and ensure appropriate use of medications.

### POTENTIAL HARMS

- Side effects of tamoxifen commonly observed in short-term treatment for mastalgia include hot flashes (10%), menstrual irregularity/amenorrhea (10%), weight gain, nausea, vaginal dryness, and bloating (5% or less). Thromboembolic events, endometrial cancer, and cataracts are rare but serious side effects of tamoxifen; their incidence in short-term, low-dose treatment regimens for mastalgia is not known.
- Side effects of danazol at the 200 mg dose include weight gain (30%), menstrual irregularity/amenorrhea or menorrhagia (50%), deepening of the voice (10%), and hot flashes (10%).

## QUALIFYING STATEMENTS

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This guideline reflects emerging clinical and scientific advances as of the date issued and are subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Rosolowich V, Saettler E, Szuck B, Lea RH, Levesque P, Weisberg F, Graham J, McLeod L, Rosolowich V, Society of Obstetricians and Gynecologists of Canada (SOGC). Mastalgia. J Obstet Gynaecol Can 2006 Jan;28(1):49-57. [84 references]  
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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2006 Jan

### GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

### SOURCE(S) OF FUNDING

Society of Obstetricians and Gynaecologists of Canada

### GUIDELINE COMMITTEE

Breast Disease Committee of the Society of Obstetricians and Gynaecologists of Canada

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

## **GUIDELINE AVAILABILITY**

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada Web site](#).

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI Institute on February 4, 2009. The information was verified by the guideline developer on March 4, 2009.

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